

Individualized Education Program (IEP)

Student _____ Birthdate _____ Date of IEP _____

Classification _____ Grade _____

Services needed to advance toward annual goals and to be involved and progress in the general curriculum.

G = General education class, S = Special education class including resource, O = Other, D = Daily, W = Weekly, M = Monthly

•Special education services

	Location	Amount of Time	Frequency
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____

•Related services (required for student to benefit from special education)

	Location	Amount of Time	Frequency
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O _____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____

☐ Check if transportation will be provided as a related service.

•Program modifications or supports for school personnel and/or supplementary aids and services to student or on behalf of student in regular education programs

	Frequency
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____

•Projected date of initiation of these services, if other than date of IEP: _____

•Anticipated duration of the services: One year from initiation date, or other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times and others noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions (specify and explain)

Participation in Statewide and Districtwide Assessment

See attached addendum.

The IEP team considered the following special factors:

Behavioral strategies for the student whose behavior impedes his or her learning or that of others.

☐ No strategies needed

☐ Strategies addressed in IEP

Language needs for the limited English proficient student.

☐ No action needed

☐ Needs addressed in IEP

Braille instruction for the student who is blind or visually impaired.

☐ No Braille instruction needed

☐ Braille instruction addressed on IEP

Communication needs and /or services for all students, and for those who have special communication needs, such as a student who is deaf or hard of hearing.

☐ No services needed

☐ Services addressed in IEP

Assistive technology devices and services for the student who, without them, would not benefit from special education.

☐ No assistive technology needed

☐ Assistive technology addressed in IEP